2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N97000002404

Entity Name: BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

700 PARK AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40
SHARPES, FL 329590040 US

New Mailing Address:

FEI Number: 59-3441257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, KOHN
P.O. BOX 1807
COCOA, FL 329231807 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MERYL ALLAWAS,
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040 US

Title: VD ( ) Delete
Name: BUZZ PETSOS,
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040 US

Title: TD ( ) Delete
Name: RING, PAUL
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040

Title: D ( ) Delete
Name: CADORE, MICHAEL
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040

Title: E ( ) Delete
Name: NEUTERMAN, CHARLENE
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040

Title: D ( ) Delete
Name: KENNEY, JAMES
Address: P.O. BOX 40
City-St-Zip: SHARPES, FL 329590040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE NEUTERMAN E 01/11/2005

Electronic Signature of Signing Officer or Director — Date